

**WEST VIRGINIA NURSING FACULTY APPROVAL REQUEST: APPLICANT WITH
EXCEPTIONAL ATTRIBUTES**

(* FACULTY MUST BE APPROVED BY BOARD PRIOR TO BEGINNING FACULTY ROLE)

I. QUALIFICATIONS:

1. NAME OF REQUESTING PROGRAM: _____
2. NAME OF FACULTY APPLICANT: _____
3. APPLICANT BEING CONSIDERED FOR POSITION TITLED: _____

11.1.a.1. The Board may grant an exception to the requirements in subdivision 11.1.a. of this rule for faculty members who:

11.1.a.1.A. Have a bachelor degree with a major in nursing and are admitted and enrolled in a graduate degree program with a major in nursing within 1 year of employment in the faculty position;

11.1.a.1.B. Have qualifications other than those set forth in this subsection which are acceptable to the Board.

4. PROVIDE A NARRATIVE OF THE APPLICANT'S QUALIFICATIONS AND EXCEPTIONAL ATTRIBUTES FOR BOARD CONSIDERATION: _____

5. 11.1.c. Have credentials which verify status as a registered professional nurse in West Virginia.
WV RN LICENSE NUMBER: _____

6. IS THERE INFORMATION AVAILABLE WHICH INDICATES VIOLATION OF ANY PORTION OF WV CODE §30-7 et seq. ? (CIRCLE ONE) YES NO

II. CURRENT EXPERIENCE IN NURSING PRACTICE AND EDUCATION (19CSR1.11.1.b.)

11.1.b. Have evidence of current experience in nursing practice and education sufficient to demonstrate professional competence. For faculty with less than two years experience in education, the nursing program administrator will submit to the Board mentoring and orientation plans as defined by Board guidelines and function under the guidance of a faculty member fully qualified in the specific teaching area and professional competence; and ...

7. APPLICANT BEING CONSIDERED FOR TEACHING IN (NURSING COURSE NUMBER AND DESCRIPTION):

8. APPLICANT'S EXPERIENCE IN PRACTICE THAT DEMONSTRATES COMPETENCE TO TEACH THIS NURSING COURSE (**INCLUDE A COPY OF THEIR RESUME WITH THIS APPLICATION**):

9. APPLICANT'S EXPERIENCE IN TEACHING IN AN EDUCATIONAL PROGRAM:

10. MENTORING PLAN FOR APPLICANT WITH LESS THAN TWO YEARS EXPERIENCE IN TEACHING IN AN EDUCATIONAL PROGRAM:

A. IDENTIFIED MENTOR (FULL-TIME FACULTY MEMBER):

B. MENTORING PLAN:

11. INDICATE ADDITIONAL EDUCATION OR CERTIFICATION :

12. INDICATE PLANS FOR FURTHER PROFESSIONAL DEVELOPMENT:

13. DESCRIBE THE NON-TEACHING FACULTY LOAD;(IE. STUDENT ADVISEMENT, COMMITTEE WORK):

14. LIST MAJOR PROFESSIONAL AND COMMUNITY ACTIVITIES OF LOCAL, STATE, AND NATIONAL SCOPE WITHIN THE LAST YEAR:

III. ADDITIONAL DOCUMENTATION TO SUBMIT WITH APPLICATION FOR APPLICANTS ENROLLING/ENROLLED IN A GRADUATE DEGREE PROGRAM:

THOSE FACULTY HAVING A BACHELOR'S DEGREE WITH A MAJOR IN NURSING AND ARE ADMITTED AND ENROLLED IN A GRADUATE DEGREE PROGRAM WITH A MAJOR IN NURSING WITHIN ONE (1) YEAR OF EMPLOYMENT IN THE FACULTY POSITION **MUST INCLUDE** COPIES OF:

- A. LETTER OF ACCEPTANCE INTO GRADUATE DEGREE PROGRAM WITH A MAJOR IN NURSING;
- B. GRADE REPORT SHOWING PROGRESSION TOWARDS DEGREE COMPLETION.
- C. AN UPDATE OF PROGRESSION TOWARDS DEGREE COMPLETION MUST BE REPORTED WITH THE PROGRAM'S ANNUAL REPORT UNTIL DEGREE COMPLETED.

DEAN/DIRECTOR OF NURSING PROGRAM: _____
SIGNATURE DATE